What	**EUREGHA High-Level Annual Conference "Foresee, adapt, transform. Building the European health and social care systems of the future"**
When and Where	9 December 2020, 14:00 - 16:00
Main relevant speakers	• **Nick Batey,** Chair, EUREGHA; • **Maya Matthews**, Head of Unit B1 Performance of Health Systems, DG SANTE, European Commission; • **Prof. Jan De Maeseneer**, Chair, European Commission Expert Panel on Effective Ways of investing in health; • **Prof. Andrea Renda**, Senior Research Fellow CEPS, Strategy Director PERISCOPE project; • **Brian O'Connor**, Chair, European Connected Health Alliance; • **Ana Carriazo**, Senior Advisor, Ministry of Health of Andalusia, Reference Site Collaborative Network; • **Giovanni Gorgoni,** CEO, Agenzia Regionale Strategica per la Salute e Il Sociale Puglia; • **Solvejg Wallyn**, Policy Officer, Agency Care and Public Health, Flemish Community; • **Andrea Pavlickova**, International Engagement Manager, TEC and Digital Healthcare Innovation, Scottish Government
Objective	The High-level annual conference was organized to discuss the ongoing transformation of the health and social care system. Regional and local health authorities are working to promote a shift toward a sustainable approach that leaves no one behind. Many innovations, both in terms of policies and services, are happening at territorial level and revolve around different topics: to make them possible, it is necessary to scale-up knowledge at the EU level and strengthen the governance at all levels.

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Main outputs	**Nick Batey**, EUREGHA's chair, opened the conference presenting the network three main pillars of cooperation with its members and further external stakeholders :

1. To exchange knowledge and best practices;
2. To advocate for regional's needs at a European level;
3. To deliver real-world changes.

Mr. Batey also made a brief resume of EUREGHA's successful year by listing its new projects (PERISCOPE, IN-4-AHA). He furthermore notified the audience that the Cross-border Institute of Healthcare Systems and Prevention (CBI), will soon be an associate member of EUREGHA. In Mr. Batey's opinion, the annual conference was the best place to start thinking of a deeper collaboration among all the attending stakeholders also in light of the recovery from the pandemic.

Prof. **Jan De Maeseneer** focused his intervention on the new opinion of the Expert Panel on Investing in Health 'The organization of resilient health and social care following the COVID-19 pandemic'. He touched upon the following points:

1. Integrating and using different forms of information is one of the key factors for actionable decision-making. It is essential to establish access to appropriate and high- quality data and an information governance capacity, based on independent advisory structures and information platforms. There is a need for data that covers information on and beyond the health systems, data on health determinants and vulnerable populations, and cross-country standardized information.
2. He placed the attention on the construction of international mechanisms through which we can exchange scientific knowledge among all relevant disciplines. This can allow translation from research into clinical practices.
3. He underlined that the capacity and ability to anticipate and cope with uncertainties and unplanned events is part of

adaptive resilience of the system. In this context, emergency responses should be based on strong primary care systems and on strategic planning, which should maintain a degree of redundancy of key resources in the public health response chain, in deploying resources and staff rapidly and coordinating responses. All the actors (governmental, institutional, public and private) of each sub-system should be connected by clear lines of communication, accountability and trust.

4. He stressed that there is a necessity to protect the mental health of the population and health workers, for instance, by implementing personalised recovery plans.

5. It is crucial to invest in an adequate, locally trained, motivated and well-supported health and care workforce through both short-term and long-term strategies to retain, prepare and flexibly increase staff capacity.

6. Moreover, according to Prof. De Maeseneer, concerted European action needs to stimulate novel forms of public-private partnerships to respond to a nationwide demand in case of crises and trigger solutions.

7. Regions have a crucial role in building resilient health and social care systems and could make a difference through: 1) Investing in the strengthening of Primary Care, for example through establishing Primary Care Zones where health care workers, social care workers, patients and informal caregivers' representatives work together with local authorities for accessible quality Primary Care; 2) Integrating Public Health Services and Primary Care and Social Care Services to address challenges and using a 'Community Oriented Primary Care' (COPC) approach; 3) Developing 'goal-oriented care', starting from the life goals of the people and adapt Electronic Health Records accordingly; 4) Strengthening the 'general component in the education of providers in the health and social care and increase their exposure to community-based

training; 5) Investing in increased health literacy, empowerment and social capital, with special attention to most vulnerable groups.

The second intervention was made by Prof. **Andrea Renda**, who presented the PERISCOPE project, funded under the European Commission Coronavirus Global Response initiative, involving EUREGHA and 31 other partners (from 15 countries).

1. He stressed the importance of creating new tools and knowledge to prepare for possible future crises. In this regard, the project aims to learn and integrate the economic, health and behavioural impacts of Covid-19, to respond with holistic policy guidance (for decision-makers and health authorities), technological solutions and training, and to disseminate research findings and key recommendations. PERISCOPE involves multidisciplinary research in economics and health sciences, behavioural and political sciences, law and engineering, leveraging statistical analysis and AI.

2. He illustrated the WP of the project, which is divided into five categories: DIG (Data, Impacts and Gov. response) from WP1 to 3, BEAM (Behaviour, Atlas, Experiments and Models) from WP4 to 6, GIG (Governance Innovation and Guidance) from WP7 to 9, TED (Testing, Education and Deployment) for WP10 and 11, and REACH for WP12. EUREGHA actively participates in WP3 (Health system preparedness and resilience), 11 (Training and education) and 14 (Dissemination and outreach).

3. Prof. Renda discussed the possibility to build synergies with the ECDC and involve it in the PERISCOPE project as a new not-funded partner.

Ana Carriazo, the first participant of the panel debate, divided her speech into two main points. In her opinion, it is crucial to:

1. Strengthen collaboration among networks to improve the exchange of information and to share best practices.
2. To create a set of guidelines and directives made by the European Union that will help the Member States to better respond in times of crisis.

Mrs. Carriazo underlined that the adaptation of the different collected data and shared innovation must take into account the regional, national, and local differences to work properly.

For **Brian O'Connor**, Chair of the European Connected Health Alliance, it is important to create a patient-centred ecosystem that bears in mind citizens' needs. In his opinion, it is important to:

1. Listen to patients' needs to find the best way to help them;
2. Involve patients in a program of co-creation. By listening to their needs and ideas it is possible to have better and fitter innovations.

Many times, as Mr. O'Connor said, the citizens have no idea how money is spent, nor they know about the European Union's project. To build trust and reliability among patients and citizens, more structured and strong cooperation is needed.

While sharing with the audience Flanders' point of view, **Solvejg Wallyn** pointed out how the healthcare systems all around Europe were not prepared to face a health crisis such as the COVID-19 pandemic. Elderly care and long-term facilities were the places where the virus created more casualties and, in Mrs. Wallyn opinion, a higher level of expenditures is needed in this specific health and social care area to avoid future problems. By disseminating on the innovations Flanders made in primary care, Mrs. Wallyn explained the three main reasons why aggregating primary care was useful during the COVID-19 pandemic:

1. Track and control of the infection;
2. Helping prevention in long-term residential facilities;

3. Increase awareness and acceptance both among the population and among care providers.

Huge steps forward have been taken for the healthcare systems during the COVID-19 crisis. It is important now not to go back to the situation where the healthcare systems were before. To avoid this, Flanders is creating a "goal-oriented care" approach that will try to understand what a person needs in order to achieve their personal goals and help them with all the necessary care.

Giovanni Gorgoni, CEO of AreSS Puglia, explained the three main priorities that in his opinion would make the situation of the healthcare system better:

1. Knowledge- sharing;
2. Setting minimal guarantees of equity at the European Level;
3. Creating a common health model and having a better cooperation at the European Level

Concerning the third priority, Mr. Gorgoni made three different proposals:

1. To define a simple and realistic common EU health data space;
2. To invest in stratification technology and clinical profiling of citizens;
3. To give more power to the European Union in the healthcare field. In the healthcare field, the EU can only make recommendations and non-mandatory policies, while in other dimensions the European Union has the power to give strong prescriptions

As said by **Andrea Pavlickova**, International Engagement Manager of TEC and Digital Healthcare Innovation for the Scottish Government, the COVID-19 pandemic imposed a quick scale-up of digital transformation as part of the solution to this crisis. Mrs. Palickova

explained how and if the crisis contributed to the implementation of digital solutions in Scotland. Scotland as well as many other European countries still have a lot to do. Putting aside the work done by primary care, Mrs. Palickova underlined the importance of volunteers in facing the crisis.

During the debate EUREGHA, ECHAlliance and RSCN stressed the idea of establishing an Interregional thematic partnership for smart specialisation (TSSP) on health and wellbeing. More information will be circulated with a separate factsheet.

During her conclusion speech **Maya Matthews**, Head of Unit B1 Performance of Health Systems of the DG SANTE, expressed her hopes for better investments in public health in the future and a stronger role of the European Union in the field of healthcare. After that first statement, she introduced the audience to what the European Union as a whole has done during these difficult times:

1. A proposal for the **EU Health Union**. This new plan will enhance resilience and readiness by helping member states developing preparedness plans that will potentially become regional. It will also strengthen the mandate of both the ECDC and the EMA.
2. A Communication on the **Pharmaceutical Strategy for Europe**. This strategy will have a long-term approach and will help increase innovation to face unmet needs; improve accessibility and affordability of medicines; enhance preparedness to better mitigate medicine shortages.
3. **Europe Beating Cancer Plan**. This will be a big change in how Europe tackles cancer from prevention to screening and quality of care issues.
4. **EU Health Data Space.** This innovation will make health data more usable and interoperable not only for patients but also for structured and research purposes.

5. **The EU4Health Program** will help to operationalize all the already collected best practices to create a more responsive network.

In Matthews' opinion there are three main areas where we need a huge transformation both at EU and national or local level:

1. Information. To have more comprehensible and interoperable information to create good communication and build trust;
2. Cooperation and collaboration. Because the healthcare systems are nowadays more interconnected, better cooperation will result in having an overall stronger health sector.
3. Addressing inequalities. Vulnerable people are, in time of crisis, hit hardest, therefore the European Union must address all the healthcare gaps and inequalities to achieve better healthcare system ready to help those who are in need.